



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C111028

1. DATE OF REPORT 12/8/2016	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE MISSOURI HEALTH CARE ASSOCIATION PAC	
3. COMMITTEE MAILING ADDRESS 236 METRO DR CITY / STATE / ZIP JEFFERSON CITY MO 65109	4. COMMITTEE TELEPHONE NUMBER (573) 893-2060
5. TREASURER'S NAME TERESA BAYSINGER	
6. TREASURER'S MAILING ADDRESS 43000 HOBBY HORSE RD CITY / STATE / ZIP RUSSELLVILLE MO 65109	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 392-2277 WORK: (573) 893-2060
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER MICHEL LEVITT	
9. DEPUTY TREASURER'S MAILING ADDRESS 803 W 69 TERR KANSAS CITY MO 64113 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (816) 363-4643 WORK: (816) 444-0900
11. DATE OF ELECTION 11/8/2016	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 10/28/2016 THROUGH 12/3/2016	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input checked="" type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Dec 8 2016 4:54PM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Dec 8 2016 4:54PM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
MISSOURI HEALTH CARE ASSOCIATION PAC	12/8/2016	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 330,544.78		
2. All Monetary Contributions Received This Period	\$ 56,552.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 6.64			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 56,558.64			
6. In-kind Contributions Received This Period	+ 0.00			
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 56,558.64			
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 387,103.42		
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 405.00		
10. Expenditures made by cash or check this period	\$ 2,763.00			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 2,763.00			
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 3,168.00		
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 313,930.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 49,950.00 B 0.00	← Cash/Check ← Credit Card		
17. All In-Kind Contributions Made This Period	+ 2,763.00			
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 52,713.00			
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 366,643.00		
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00			
			Money On Hand	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 40,373.31
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 56,558.64
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 52,713.00 b) Disbursements By Cash \$ 0.00	- 52,713.00
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 44,218.95
			Indebtedness	
			28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
			29. Loans Received This Period	+ 0.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 0.00
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE MISSOURI HEALTH CARE ASSOCIATION PAC		2. REPORT DATE 12/8/2016	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 56,552.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 56,552.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 56,552.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 56,552.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 56,552.00	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE MISSOURI HEALTH CARE ASSOCIATION PAC	DATE 12/8/2016
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: GRAND MANOR CITY/STATE: 3645 Cook Avenue EMPLOYER: St Louis MO 63113 <input type="checkbox"/> COMMITTEE:	10/28/2016 ----- \$ 600.00	\$ 600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CARNEGIE VILLAGE ASSISTED LIVING CITY/STATE: 103 Bernard Drive EMPLOYER: Belton MO 64012 <input type="checkbox"/> COMMITTEE:	10/28/2016 ----- \$ 425.00	\$ 425.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: TIFFANY HEIGHTS CITY/STATE: 1531 NEBRASKA ST EMPLOYER: MOUND CITY MO 64470 <input type="checkbox"/> COMMITTEE:	11/4/2016 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: PLEASANT VIEW CITY/STATE: 470 RAINBOW DR EMPLOYER: ROCK PORT MO 64482 <input type="checkbox"/> COMMITTEE:	11/4/2016 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MCLARNEY MANOR CITY/STATE: 116 EAST PRATT EMPLOYER: BROOKFIELD MO 64628 <input type="checkbox"/> COMMITTEE:	11/4/2016 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: NODAWAY NURSING HOME CITY/STATE: PO BOX 307 EMPLOYER: MARYVILLE MO 64468 <input type="checkbox"/> COMMITTEE:	11/4/2016 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: OREGON CARE CENTER CITY/STATE: 501 MONROE EMPLOYER: OREGON MO 64473 <input type="checkbox"/> COMMITTEE:	11/4/2016 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Winchester Meadows Enhanced Assisted Living CITY/STATE: 3751 W. 10th Street EMPLOYER: Sedalia MO 65301 <input type="checkbox"/> COMMITTEE:	11/4/2016 ----- \$ 275.00	\$ 275.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE MISSOURI HEALTH CARE ASSOCIATION PAC	DATE 12/8/2016
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: MISSOURI HEALTH CARE ASSOCIATION CITY / STATE: 236 METRO DR EMPLOYER: JEFFERSON CITY MO 65109 <input type="checkbox"/> COMMITTEE:	10/31/2016 \$ 179,781.00	\$ 53,752.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee MISSOURI HEALTH CARE ASSOCIATION PAC		2. Report Date 12/8/2016	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 0.00
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient		11. Amount This Period	
Name: COUNTRY AIR SERVICES LLC Address: 312 SOLLEY DR - REAR City / State: BALLWIN MO 63021		11/29/2016	INKIND CONTRIBUTION TODD RICHARDSON TRANSPORTATIO \$ <input checked="" type="checkbox"/> Paid 2,763.00 <input type="checkbox"/> Incurred
Name: Address: City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
Name: Address: City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 2,763.00
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 2,763.00
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 2,763.00
16. Amount of Line 15 Above which was Paid Out This Period			\$ 2,763.00
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name: Address: View Supplemental Form(s) City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 52,713.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 49,950.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 49,950.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 2,763.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE MISSOURI HEALTH CARE ASSOCIATION PAC		DATE 12/8/2016
CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		
NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME: FRIENDS OF TODD RICHARDSON ADDRESS: PO BOX 310 CITY/STATE: POPLAR BLUFF MO 63902	10/31/2016	\$ 5,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: MISSOURIANS FOR MIKE CIERPIOT ADDRESS: 214 NE LANDINGS CIRCLE CITY/STATE: LEES SUMMIT MO 64064	10/31/2016	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: COMMITTEE TO ELECT DEAN DOHRMAN STATE REP ADDRESS: PO BOX 234 CITY/STATE: LAMONTE MO 65337	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: FRIENDS OF RICK BRATTIN ADDRESS: PO BOX 1686 CITY/STATE: RAYMORE MO 64083	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: HANNEGAN FOR STATE REPRESENTATIVE ADDRESS: 223 NORTH MAIN CITY/STATE: ST CHARLES MO 63301	10/31/2016	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CITIZENS FOR SOMMER ADDRESS: 901 BOONE'S LICK ROAD CITY/STATE: ST CHARLES MO 63301	10/31/2016	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: HILL FOR MISSOURI ADDRESS: 85 KNOWLEDGE COURT CITY/STATE: LAKE ST LOUIS MO 63367	10/31/2016	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: HENDERSON FOR MISSOURI ADDRESS: 108 JACOB TRAIL CITY/STATE: DESLOGE MO 63601	10/31/2016	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: FRIENDS OF DON RONE ADDRESS: PO BOX 127 CITY/STATE: PORTAGEVILLE MO 63873	10/31/2016	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: FRIENDS OF STEVE HELMS ADDRESS: 2261 EAST KIRKWOOD CITY/STATE: SPRINGFIELD MO 65804	10/31/2016	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$ --



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE MISSOURI HEALTH CARE ASSOCIATION PAC		DATE 12/8/2016
CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		
NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME: FRIENDS OF MICHAEL BERNSKOETTER ADDRESS: 429 WEST MILLER CITY/STATE: JEFFERSON CITY MO 65101	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ALFERMAN FOR MISSOURI ADDRESS: PO BOX 84 CITY/STATE: WASHINGTON MO 63090	10/31/2016	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: FRIENDS OF JAY BARNES ADDRESS: 219 E DUNKLIN STE. A CITY/STATE: JEFFERSON CITY MO 65101	10/31/2016	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CITIZENS FOR KEVIN CORLEW ADDRESS: PO BOX 28443 CITY/STATE: KANSAS CITY MO 64118	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CITIZENS FOR ROBERT CORNEJO ADDRESS: PO BOX 346 CITY/STATE: ST PETERS MO 63376	10/31/2016	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: FRIENDS OF SANDY CRAWFORD ADDRESS: PO BOX 332 CITY/STATE: BUFFALO MO 65622	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CITIZENS FOR DOGAN ADDRESS: 212 OAKWOOD FARMS COURT CITY/STATE: BALLWIN MO 63021	10/31/2016	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: FRIENDS FOR TRAVIS FITZWATER ADDRESS: PO BOX 694 CITY/STATE: FULTON MO 65251	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CITIZENS FOR ELAINE GANNON ADDRESS: 5226 STATE ROAD H CITY/STATE: DESOTO MO 63020	10/31/2016	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CITIZENS FOR MARSHA HAEFNER ADDRESS: 6703 TELEGRAPH RD CITY/STATE: ST LOUIS MO 63129	10/31/2016	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$ --



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE MISSOURI HEALTH CARE ASSOCIATION PAC		DATE 12/8/2016
CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		
NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME: PATRONS TO ELECT BART KORMAN ADDRESS: 12 HICKORY WOOD ROAD CITY/STATE: HIGH HILL MO 63350	10/31/2016	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: FRIENDS OF KIRK MATHEWS ADDRESS: 18161 MERAMEC VISTA LANE CITY/STATE: PACIFIC MO 63069	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CITIZENS FOR MCCAHERTY ADDRESS: 4202 WILDERNESS LANE CITY/STATE: HIGH RIDGE MO 63049	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: FRIENDS FOR JEFF MESSENGER ADDRESS: 959 EAST GRACE CITY/STATE: REPUBLIC MO 65738	10/31/2016	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CITIZENS FOR MORRIS ADDRESS: PO BOX 992 CITY/STATE: OZARK MO 65721	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: FRIENDS FOR MUNTZEL ADDRESS: PO BOX 304 CITY/STATE: BOONVILLE MO 65233	10/31/2016	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CITIZENS FOR NEELY ADDRESS: 7650 SW DENVER RD CITY/STATE: POLO MO 64671	10/31/2016	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CITIZENS FOR DON PHILLIPS ADDRESS: PO BOX 24 CITY/STATE: KIMBERLING CITY MO 65686	10/31/2016	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: FRIENDS TO ELECT BILL REIBOLDT ADDRESS: 105 EAST MAIN CITY/STATE: NEOSHO MO 64850	10/31/2016	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CITIZENS FOR ROSS ADDRESS: 19420 EVANS ROAD CITY/STATE: YUKON MO 65589	10/31/2016	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$ --



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NAME OF COMMITTEE MISSOURI HEALTH CARE ASSOCIATION PAC		DATE 12/8/2016
CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		
NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME: PATRONS FOR LYLE ROWLAND ADDRESS: 2333 MOORES BEND RD CITY/STATE: CEDARCREEK MO 65627	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: COMMITTEE TO ELECT BECKY RUTH ADDRESS: 1205 ALEXANDER DR CITY/STATE: FESTUS MO 63028	10/31/2016	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: SHUMAKE FOR STATE REPRESENTATIVE COMMITTEE ADDRESS: 75 HERITAGE DR CITY/STATE: HANNIBAL MO 63401	10/31/2016	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: FRIENDS OF NATE WALKER COMMITTEE ADDRESS: PO BOX 7549 CITY/STATE: KIRKSVILLE MO 63501	10/31/2016	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CITIZENS FOR WIEMANN ADDRESS: 92 MYRTLE WOOD COURT CITY/STATE: OFALLON MO 63368	10/31/2016	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: COMMITTEE TO ELECT DAVID WOOD REPRESENTATIVE ADDRESS: 7443 HWY 52 CITY/STATE: VERSAILLES MO 65084	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: FRIENDS OF MARK MATTHIESEN ADDRESS: 2305 CEDAR DALE COURT CITY/STATE: MARYLAND HEIGHTS MO 63043	10/31/2016	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: COMMITTEE TO ELECT LAUREN ARTHUR ADDRESS: 1216 NW 43RD TERRACE CITY/STATE: KANSAS CITY MO 64116	10/31/2016	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: COMMITTEE TO ELECT JON CARPENTER ADDRESS: 6000 NORTH MAIN ST CITY/STATE: GLADSTONE MO 64118	10/31/2016	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CONWAY FOR STATE REPRESENTATIVE ADDRESS: 712 B FRANCIS ST CITY/STATE: ST JOSEPH MO 64501	10/31/2016	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		
NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME: CITIZENS FOR KARLA MAY ADDRESS: PO BOX 21339 CITY/STATE: ST LOUIS MO 63115	10/31/2016	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: MCCREERY FOR MISSOURI ADDRESS: 41 RYE LANE CITY/STATE: ST LOUIS MO 63132	10/31/2016	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: GINA MITTEN FOR STATE REPRESENTATIVE ADDRESS: 1615 HUNTER AVE CITY/STATE: RICHMOND HEIGHTS MO 63117	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: JOSHUA PETERS FOR THE 76TH DISTRICT ADDRESS: PO BOX 142818 CITY/STATE: ST LOUIS MO 63114	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: BOB BURNS FOR STATE REP COMMITTEE ADDRESS: 9057 SOUTHVIEW LANE CITY/STATE: ST LOUIS MO 63123	10/31/2016	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ONDER FOR MISSOURI ADDRESS: 2090 KEY HARBOUR DR CITY/STATE: LAKE ST LOUIS MO 63367	10/31/2016	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: DR DAN BROWN FOR SENATE ADDRESS: PO BOX 934 CITY/STATE: ROLLA MO 65402	10/31/2016	\$ 3,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: HEGEMAN FOR SENATE ADDRESS: 18739 COUNTY ROAD 294 CITY/STATE: COSBY MO 64436	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ROMINE FOR SENATE ADDRESS: 322 E KARSCH BLVD CITY/STATE: FARMINGTON MO 63640	10/31/2016	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CITIZENS FOR RIDDLE ADDRESS: PO BOX 647 CITY/STATE: HOLTS SUMMIT MO 65043	10/31/2016	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		
NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME: CITIZENS FOR SCHATZ ADDRESS: PO BOX 92 CITY / STATE: SULLIVAN MO 63080	10/31/2016	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: WIELAND NOW ADDRESS: 1015 CASTLEMAN DR CITY / STATE: IMPERIAL MO 63052	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: MISSOURI SENATE CAMPAIGN COMMITTEE ADDRESS: PO BOX 754 CITY / STATE: JEFFERSON CITY MO 65102	10/31/2016	\$ 5,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: COMMITTEE TO ELECT SHALONN 'KIKI' CURLS ADDRESS: 4609 PASEO BLVD STE. 107 CITY / STATE: KANSAS CITY MO 64110	10/31/2016	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: HOLSMAN FOR MISSOURI ADDRESS: PO BOX 480572 CITY / STATE: KANSAS CITY MO 64151	10/31/2016	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: FRIENDS OF PHIL CHRISTOFANELLI ADDRESS: 308 BROADRIDGE DR CITY / STATE: ST PETERS MO 63376	10/31/2016	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: PARSON FOR MISSOURI ADDRESS: PO BOX 1004 CITY / STATE: BOLIVAR MO 65613	11/1/2016	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: FRIENDS OF TODD RICHARDSON ADDRESS: PO BOX 310 CITY / STATE: POPLAR BLUFF MO 63902	11/29/2016	\$ 2,763.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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Missouri Ethics Commission
ADDENDUM STATEMENT

M.E.C. ID NO. C111028

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

Miscellaneous Receipt:

Interest earned in October and November, not previously reported.

Amount: 6.64